

CLAIM FOR COMPENSATION AND EXPENSES



TO: Clerk of Court for the
Middle District of Pennsylvania

DATE: _____

(Be sure to provide all requested information)

I request payment be made for interpreter services performed before:

**Payee's Name and Address and
Tax Payer Identification Number:**

Hon. _____

(Name and Title of Presiding Judicial Officer)

Name:

In the case of:

Address:

U.S.A. vs. _____

SS#:

Case Number: _____

Itemization of Services and Costs:

Date (s) of Service:	Number of:		Cost per:		Total Compensation:	Other Costs:* (including travel)	Total Cost:
	Days/ ½ Days	Hours	Day/ ½ Day	Hour			
					Total Amount Certified for Payment:		

The following information is provided in support off the above services:

USPO: _____

Type of Interpretation Provided:

- ☐ Simultaneous
☐ Consecutive
☐ Summary

Interpreter is:

- ☐ Certified
☐ Non-Certified

Nature of Proceeding:

- ☐ Initial Appearance
☐ Preliminary Hearing
☐ Arraignment
☐ Trial
☐ Pretrial Service Officer Interview
☐ Probation Officer Interview
☐ Sentencing ☐ Plea
☐ Other: _____

Person Furnished Services:

- ☐ Defendant
☐ Witness
☐ Other: _____

Foreign Language(s): _____

Certification: I hereby certify that I rendered the services described herein, that said services were rendered in accordance with the Contract Court Interpreter Services Terms and Conditions, and that no other federal court unit, Federal Public Defender, Community Defender Organization or other attorneys or entities obtaining interpreting services under the CJA or the Defender Services appropriation has been or will be billed for the same period of service, cancellation or travel expenses.

Executed on _____
(Date)

(Signature of Interpreter)

APPROVED FOR PAYMENT THIS DAY _____
(Date)

(Signature of Courtroom Deputy/Probation Officer)

* Itemize on separate sheet of paper or invoice and attach to this form with appropriate receipts